

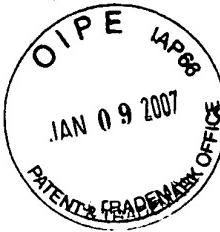
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Complete and send this form, together with applicable fee(s), to: **Mail Stop ISSUE FEE**
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7590 12/27/2006
John S. Nagy, Esq.
Fulwider Patton Lee & Utecht, LLP
Howard Hughes Center
6060 Center Drive, Tenth Floor
Los Angeles, CA 90045



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JOHN S. NAGY	(Depositor's name)
<i>John Nagy</i>	(Signature)
January 5, 2007	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/715,150	11/17/2003	Lilip Lau	PARCR 67359	4295

TITLE OF INVENTION: CARDIAC HARNESS DELIVERY DEVICE AND METHOD

01/10/2007 EMAILED 08230239 10715150

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	03/29/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS			
GILBERT, SAMUEL G		3735	600-037000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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FULWIDER PATTON LLP

- 2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

PARACOR MEDICAL, INC.

Sunnyvale, California

Government

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

- Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies **3**

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **06-2425** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date **January 5, 2007**

Typed or printed name **JOHN S. NAGY**

Registration No. **30,664**

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